

Case Number:	CM14-0067027		
Date Assigned:	07/11/2014	Date of Injury:	03/06/2003
Decision Date:	10/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, forearm, low back, and elbow pain reportedly associated with an industrial injury of March 6, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; earlier cervical laminectomy; subsequent cervical fusion surgery; ulnar nerve decompression surgery; radial ORIF surgery; and carpal tunnel release surgery. In a Utilization Review Report dated May 1, 2014, the claims administrator approved an orthopedic surgery consultation, approved a request for Gabapentin, approved a request for Nexium, and partially certified a request for Norco. In the Utilization Review Report, the claims administrator alluded to a teleconference with the attending provider stating that it was difficult to posit that the applicant had improved with medications on the grounds that medications have been inconsistently approved. The applicant's attorney subsequently appealed. On September 30, 2013, the attending provider noted that the applicant had moved to [REDACTED]. The applicant was travelling to receive care in [REDACTED] on the grounds that he was unable to find a provider in [REDACTED] who would accept [REDACTED] Workers' Compensation. The applicant posited that ongoing usage of medications was ameliorating his ability to perform household chores and ambulate on a day-to-day basis. The attending provider appealed the previously denials for Norco, Skelaxin, Neurontin and Nexium. On February 20, 2014, the applicant reported persistent complaints of forearm pain, 2/10 with medications versus 7/10 pain without medications. The applicant posited that the medications were working well. The applicant stated that he had some paresthesias about the upper extremities. The applicant had electrodiagnostic evidence of cervical radiculopathy, it was suggested. Norco was endorsed, apparently at a heightened dose

owing to heightened pain complaints. The applicant was permanent and stationary and was not seemingly working, at age 70, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 prescription of Norco 10/325mg #120 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while the applicant is not working, this appears to be a function of age (70) as opposed to a function of pain. The attending provider has posited that the applicant's ability to ambulate, perform household chores, and perform lifting task has been ameliorated as a result of ongoing medication consumption. The attending provider has similarly posited that the applicant is likewise deriving appropriate analgesia through ongoing usage of Norco. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.